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ASTRAZENE 35 GATEHOUS WALTHAM, M		ON	l he Stat add: tran	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DAT	TE .	FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/539,481 06/17/2005		5	Andrew Austen Mortlock		100937-1P US 2446		
TITLE OF INVENTION	I; QUINAZOLINE CO	OMPOUNDS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/11/2008	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]			
TRUONG, TA	MTHOM NGO	1624	514-080000				
CFR 1.363).  Change of corresp Address form PTO/S1  "Fee Address" ind	condence address (or C B/122) attached. lication (or "Fee Addre 12 or more recent) atta	tion of "Fee Address" (37 change of Correspondence sess" Indication form sched. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent atterneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered atterney or agent) and the names of up to 2 registered patent atterneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  AstraZeneca AB  SE-15185 Sodertalje, Sweden							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖸 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted:  Issue Fee  A check is enclosed.  Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit are overpayment, to Deposit Account Number 50-3231 (enclose an extra copy of this							
	s SMALL ENTITY sta	itus. See 37 CFR 1.27.	☐ b. Applicant is no long	er claiming SMALL	ENTITY status, See 37 C	FR 1.27(g)(2).	
interest as shown by the r	ccords of the United S	tates Patent and Trademark	Office.	ne applicant; a registe	ered altorney or agent; or if	nc assignee or other party in	
Authorized Signature	/Theres	a Devlin/		Date Ju	ne 10, 2008		
Typed or printed name		<u>Devlin</u>			45,361		
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